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Specialist Nursing Framework for New Zealand: A Missing Link in Workforce Planning

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Abstract

The current global nursing shortage challenges the provision of a well qualified and sustainable health workforce to meet future population health needs. An identified area of concern for New Zealand reaching health policy targets in chronic conditions management and primary health care is an adequate specialist nurse workforce supply. This article explores the New Zealand context underpinning this concern and contends that effective workforce planning would be supported by the development of a single unified framework for specialist nursing practice in New Zealand. A consistent national framework has the potential to support accurate data collection and enable service providers to identify and plan transparent and transferable pathways for specialist nursing service provision and development. Advanced practice nursing frameworks assist in increasing productivity through building an evidence base about advanced practice, enhancing consistency and equity of expertise; supporting a reduction in role duplication; and enabling succession planning and sustainability.

Keywords

Specialist nursing; frameworks; workforce planning

Background

A competent, confident, and regulated health workforce is a critical part of a society's health and well-being. Achieving such a workforce requires workforce planning strategies that take into account contextual elements such as social, demographic, political, technological, and economic factors, which strongly influence the constructs of efficient and effective health services (International Council of Nurses, 2005).

For New Zealand (as in many other countries), changing demographics, new government strategies, and rising consumer expectations are strong drivers of an increased demand for health care services. The health workforce is recognized as *the* key component in health services delivery comprising a large proportion of its costs (Duckett, 2007). The issue of inadequate human resources for health care delivery is both a global and a local issue (Barraclough & Gardner, 2008; Duckett, 2005). Assuring the provision of a well-qualified and sustainable health workforce to meet future health needs is a priority for the New Zealand government (Ministry of Health, 2006).

Current health workforce shortages are reflected not only in overall numbers but also in specific skills deficits in some professions, including nursing. Registered nurses and midwives are acknowledged as an essential part of the health workforce providing up to 80% of direct patient care (Oulton, 2006; World Health Organization, 2007). Within the nursing workforce, there are considerations such as differing levels of competence (from novice to most expert), the roles of other health professions within the system, and the overall policy context (Humphris & Masterson, 2000). Nursing workforce planning thus best develops within a framework that considers the broader context of health care service delivery.

Global Nursing Workforce Planning

Many countries have been considering nursing workforce planning as a matter of priority to meet the future health service needs of their populations (International Council of Nurses, 2005). Workforce planning for nursing requires a clear understanding of the supply and demand elements (Buchan, 2000; Oulton, 2006). Merely increasing the overall supply of health care professionals is unlikely to be a sustainable solution to health workforce need because it does

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not account for specific increasing demands for services such as chronic and complex disease management.

The required future demand for nursing is likely to require a range of skills to meet changing service requirements. These skills will range from the general to the specialist across specialty areas such as primary health care or emergency care. A *specialty* is defined for this discussion as an area of practice; *specialist* is defined as an advanced level of practice. The definition of *specialist nurse* accepted internationally (and being considered for use in New Zealand) is a nurse "prepared beyond the level of a generalist nurse and authorised to practise as a specialist with advanced expertise in a branch of the nursing field" (Affara, 2009, p. 6).

The expected future nursing labor shortage will also require a greater focus on improving the performance and productivity of the available nursing workforce. Inadequate workforce planning is viewed as a major cause of the current nursing shortage, along with poor recruitment and allocation strategies (Buchan & Aiken, 2008). Solutions to the shortage include competitive remuneration, satisfying careers with a focus on retention of the existing workforce, and clear career development pathways (Buchan & Aiken, 2008; Duckett, 2005; Ministry of Health, 2006).

Health policy makers globally are considering the impact on health workforce planning of issues such as access to services, the growing burden of chronic disease, an ageing population, and rising health care costs. These issues have great resonance in the New Zealand context for health workforce planning and have been the focus of much attention in the last few years (Ministry of Health, 2006).

Workforce Planning in New Zealand

National health workforce planning is a relatively new process for New Zealand. The first Health Workforce Advisory Committee was initiated by the New Zealand Public Health and Disability Act in 2000 to advise the Minister of Health on workforce issues. Previously, workforce planning had largely focused on discipline-specific workforce demands rather than a whole-system approach (Committee on Strategic Oversight for Nursing Education, 2009; Ministry of Health, 2006).

A particular contextual element of concern in relation to effective health care service delivery in New Zealand is the availability of advanced nursing services through an adequate specialist nurse supply. A recent study forecast that to achieve major government health strategies specifically in relation to managing chronic conditions and delivering primary health care services, careful planning is required to achieve an adequate supply of specialist nurses (Nursing and Midwifery Workforce Strategy Group, 2006).

The New Zealand Ministry of Health now supports sector groups, such as the District Health Boards of New Zealand (DHBNZ), to develop national workforce action plans. There are 21 District Health Boards within New Zealand, with which the Ministry of Health contracts to deliver health services to New Zealand. Each has its own regional workforce development plan, which creates points of tension within a national overview approach. A recent review of workforce development planning recommended to the Minister of Health that a single agency with responsibility for health and disability services workforce and the educational continuum be established to ensure that New Zealand has an affordable and fit-for-purpose health and disability services workforce (Ministry of Health, 2009).

The focus for health workforce planning is the anticipated future health service needs for New Zealand. These future needs are (as in many Western countries) expected to focus on the ageing population and the burden of chronic disease with an increased requirement for autonomous practice from flexible, specialized service providers including nurses (Nursing and Midwifery Workforce Strategy Group, 2006). A Ministry of Health discussion paper predicted that workforce demand in New Zealand will outstrip supply by 2011 (New Zealand Institute of Economic Research, 2004).

Between 2001 and 2021, the New Zealand population 65 years and older will almost double with a two-fold increase in the proportion of those 85 years and older. Additionally, within this growth of the older population, the proportion of Māori and Pacific peoples will grow substantially (Ministry of Health, 2006). Planning for development and maintenance of an adequate nursing workforce to meet the expected needs of New Zealand's aging and culturally diverse population has been identified as an urgent problem (Nursing and Midwifery Workforce Strategy Group, 2006).

Accurate problem definition is essential to formulate clear alternatives or options for nursing workforce issues. Identifying a problem begins with the awareness that there is a mismatch between how the world is and how it could be (Hughes & Calder, 2007). The process of problem definition is central to policy development (Barraclough & Gardner, 2008; Hughes & Calder, 2007). Therefore, a key step in planning for the future specialist nurse workforce is understanding and defining of the workforce that currently exists (Page & Willey, 2007).

New Zealand Nursing Workforce

In New Zealand, nurses make up the largest proportion (40%) of the registered health professionals (Committee on Strategic Oversight for Nursing Education, 2009). A recent review of the New Zealand nursing workforce reported inadequacies in the availability of specialist nursing services that are needed to meet identified future health service needs. More specialist nurses are needed to meet the demand for care in community based, older adult, primary care, and rural services (Nursing and Midwifery Workforce Strategy Group, 2006).

A key challenge to workforce planning is achieving a clear understanding of the current levels and areas of practice in relation to the numbers of the nursing workforce

(Ministry of Health, 2006). New Zealand planners need to understand both the demand and current supply of specialist nursing services to begin to identify any gaps and develop strategies to address them.

Currently, there are multiple individual frameworks and standards developed within some specialty nursing groups. But there is limited national consultation or consistency and no centralized credentialing process. Many of the specialty groups are under the umbrella of the New Zealand Nurses Organisation (NZNO) as either colleges or smaller sections. For example, the NZNO Diabetes Nurse Specialist Section provides standards and credentialing processes for generalist, specialty, and specialist levels of practice and further links to a recently developed knowledge skills framework (NZNO, n.d.-c). The NZNO section on children and young persons, in contrast, does not offer credentialing and has a framework with competency levels described as essential, specialist, and advanced (NZNO, n.d.-b). The flight nurses group has developed standards of practice but has not identified levels or credentialing processes (NZNO, n.d.-a).

There are some groups additionally that develop their own structures, such as the ear nurses group, without standards or accreditation processes. Most (but not all) groups have developed their own standards or guidelines for practice, often but not consistently, linking them to frameworks such as the national professional development and recognition pathway (National Professional Development & Recognition Programmes Working Party, 2005; Nursing Council of New Zealand [NCNZ], 2008) or a knowledge skills framework model adapted from the United Kingdom (Gould, Berridge, & Kelly, 2007).

Nationally, effective nursing skill mix projections as part of workforce planning would be supported by the development of a single unified framework for specialist nursing practice in New Zealand. A consistent national framework has the potential to support accurate data gathering and enable nurses and service providers to identify and plan transparent and transferable pathways for specialist nursing service provision and development.

However, in New Zealand the identification of, and therefore the pathway for, specialist nursing is not clear. It is difficult to ascertain even how many specialist nurses are currently practicing, as up until recently there were around 50 different nursing titles in use. Recent work to limit the number of titles for senior nurses and midwives used within the District Health Board (DHB) hospital sector (approximately half of the active workforce) to 15 will assist with identification of specialist roles. However, the roles for which the specialist titles are approved are not linked to specialist nursing standards (NZNO & DHBNZ, 2007).

The approved titles are provided in Table 1, and additional information is available in the cited report regarding the rationale for their selection and role descriptors to assist clarification (NZNO & DHBNZ, 2007). Note that the nurse practitioner (NP) title is the only regulated and protected specialist title and role.

Table 1. Endorsed National Senior Nurse and Midwife Titles

Nurse/midwife manager
Clinical nurse/midwife manager or charge nurse/midwife manager
Associate clinical nurse/midwife manager or associate charge nurse/midwife manager
Clinical nurse/midwife coordinator
Nurse/midwife coordinator
Nurse/midwife educator
Nurse/midwife researcher
Nurse/midwife consultant
Nurse practitioner—regulated role
Clinical nurse/midwife specialist
Specialty clinical nurse/midwife
Duty nurse/midwife manager
Clinical resource nurse

Source: New Zealand Nurses Organisation and District Health Boards of New Zealand (2007).

The differentiation of "specialty nurses" was intended to articulate a role for registered nurses who have greater knowledge in a specific area of practice but who focus their practice on direct patient care exclusively. The clinical nurse specialist has a broader role of clinical leadership for nurses and other members of the health care team and for development of pathways and care protocol through research in addition to providing direct patient care. This differentiation by the working party was an attempt to reduce confusion around the clinical nurse specialist role and to enable recognition specialty nurses in District Health Boards without the wider expectations of leadership and research that exist for the clinical nurse specialist role (NZNO & DHBNZ, 2007). Even though this work does not assist the 50% of nurses who are not part of the public hospital sector, it is an important initial step in developing national consistency.

Factors that further complicate an understanding of the current numbers of specialist nurses in New Zealand workforce are the different national methodologies for data gathering and analysis. DHBNZ recently completed a series of health workforce data reports using the Australian New Zealand Standard Classification of Occupations (ANZSCO) for classification and analysis (DHBNZ, 2007). The ANZSCO registered nurse classification has 13 subclassifications, which are mostly specialty practice areas but do not include any indication of the level of practice. The ANZSCO does include the NP title, which for New Zealand and Australia is a specific regulated scope of practice rather than an area of practice. The data for the DHBNZ reports is based on job title analysis acquired centrally from hospital-based human resource departments.

In contrast, the other large nursing workforce data collector, the NCNZ, has nurses self-report their areas of clinical practice from 18 specialty areas (excluding education,

Table 2. Areas of Defined Clinical Practice Specialty

Nursing Council of New Zealand (Self-Defined at Individual Level)	District Health Boards of New Zealand Based on ANZSCO (Defined at Hospital Level: NP Excluded)
Accident and emergency	*Aged care*
Assessment and rehabilitation	*Child and family health*
Child health, including neonatology	Community health
Continuing care (*elderly*)	Critical care and emergency
District nursing	*Developmental disability*
Family planning/sexual health	Disability and rehabilitation
Intellectually disabled	*Medical*
Intensive care/coronary care	*Primary health care*
Medical (*including educating patients*)	*Mental health*
Mental health (*including substance abuse*)	*Perioperative*
Obstetrics/maternity	*Surgical*
Occupational health	*Not elsewhere classified* (*other*)
Other nursing	
Palliative care	
Perioperative care (*theatre*)	
Primary health care (*including practice nursing*)	
Public health	
Surgical	

Note: Matched items are in italics.

research, and management) as part of their annual renewal of practicing certificates. According to the NCNZ, all nurses work in areas of specialty (and are therefore specialty nurses); however, their level of expertise within these areas is not clearly identified (Clark, 2006). Self-reporting of clinicians is liable to be different from the reporting of DHB human resources departments, which are more likely to have identified nurse's area of practice by their role title. In summary, both systems collect data on the numbers of nurses working in specialty areas but with different area classifications and neither identify their level of practice. The subsequent challenge in interpreting and correlating of both sets of data is illustrated by Table 2.

These differences in both methodology and data category descriptions potentially limit the ability to compare and crosscheck the data—the italicized areas are those that most clearly appear in both classifications. Other limitations are acknowledged within the DHBNZ reports themselves in relation to the quality of the raw data able to be gathered and also the inclusion of only hospital employed staff (50% of nursing population) excluding primary care organizations and nongovernment organizations (DHBNZ, 2007).

Variance in approach to collecting data and in defining specialty practice areas and specialist nurse numbers is challenging both nationally and internationally. As described previously, specialty is the area of practice whereas specialist is the level of practice. A national framework for understanding specialist nursing in New Zealand with clarity around specialty areas and specialist-level practice descriptors along with an education framework would assist with data collection and thus provide enhanced information for both workforce planners and stakeholders in the health care system.

A most important stakeholder is the health care consumer, because the development of a professional nursing workforce must always be linked to the health care needs of communities. As previously discussed, an increase in long-term (chronic disease) condition management is a key facet of the consumer-centered population health focused future service models proposed for New Zealand (Ministry of Health, 2006).

In the future, to benefit wider population groups, it is anticipated that nurse specialist roles will extend further into primary, community, and aged care settings (Nursing and Midwifery Workforce Strategy Group, 2006).

Consumers expect service providers to be knowledgeable in assisting them to manage their complex health needs. Specialist nurses are often in the forefront of providing this kind of service and are preferred over less experienced and non-specialist nurses by consumers (Wilkes, Cioffi, Warne, & Harrison, 2008). A framework that provides clear identification of specialist nursing practice would enable closer examination of the relationship to client outcomes and clinical effectiveness. When identified clearly, specialist nurse services have already been clearly linked to enhanced client outcomes in ophthalmology (Slight, Marsden, & Raynel, 2009), dementia care (Dewing & Traynor, 2005), and multiple sclerosis care (Forbes, While, Mathes, & Griffiths, 2006).

Advanced practice nursing frameworks assist in increasing productivity by helping develop a base of evidence about advanced practice, enhancing consistency, and equity of expertise and supporting a reduction in role duplication and enabling succession planning and sustainability (Ferguson, 2007). A specialist nursing framework for New Zealand would enable a more focused approach to provision of advanced nursing services.

A framework for collecting workforce data to identify current supply and enable development of a clear career pathway would greatly enhance future nursing workforce planning (Buchan & Aiken, 2008), which includes specialist nurses. The absence of a clear framework for articulating specialist nursing practice has important consequences for the quality of future workforce planning, the essential development of appropriate educational programs for the workforce and therefore provision of services (Heartfield, 2006).

In addition to health care consumers and nurses themselves, Duckett (2007) asserts that there are four other parties to consider in nursing workforce issues: education providers who design curricula, health service providers who employ

nurses, health service regions that make decisions about pay and conditions, and the government which funds education and regulates migration. In the absence of a consistent national framework endorsed by the nursing profession in New Zealand, other key groups are developing structures to shape this level of nursing practice. Employers and the government, in response to workforce strategies around specific service needs such as cancer control and child health, are contracting isolated groups to develop specialist nursing practice competencies or advanced skills lists (DHBNZ, 2005; Ministry of Health, 2003). These multiple and isolated approaches are reactive and not effective or sustainable long term for New Zealand's nursing workforce planning.

Conclusion

The lack of progress toward a national framework for specialist nursing practice is an indication of the complexity of the task, the diversity of the current professional organization approaches, and the health care context. The acknowledgment of the need for political support at professional organizational or government level to effect change for nursing is widely reflected in the literature (Atkinson & Tawse, 2007; Daly & Carnwell, 2003; Dewing & Traynor, 2005; Durgahee, 2003; English National Board for Nursing Midwifery and Health Visiting, 2000; Forbes et al., 2006; Reed, Inglis, Cook, Clarke, & Cook, 2007; Walker, 2005). Clear articulation of the role of the specialist registered nurse is needed to clarify the number needed in the workforce, the education curricula required, and the numbers that require supporting into postgraduate programs (Duckett, 2007). A consensus framework detailing what constitutes a specialty area, the specialist level of practice, and the process for endorsement, supported by relevant nursing professional groups, will provide clear articulation and thus enhance effective nursing workforce planning.

As providers of a health service for communities, nurses (along with their practice) must be linked to the health care needs of those communities. Consumer pressure for specific services, technological changes, changes to other roles in the health workforce, and resultant government policy will continue to contribute to increasing specialist service requirements (Humphris & Masterson, 2000). The specialist nursing service demand will continue to grow, and supply strategies are now needed. There is an opportunity in the current environment, with indicative professional organizational support and government strategy direction, for the development of a national specialist nursing framework. Such a framework would provide consistency in articulating this level of practice and support more effective workforce planning into the future.

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Bios

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